

The JP Supplemental Comment

From: [REDACTED]
To: [Perez Hicks, Kris \(ATR\)](#)
Subject: Re: [EXTERNAL] Re: Very Important
Date: Friday, December 5, 2025 12:26:33 PM
Attachments: [2-0-PHASE I MASTER COVER SHEET FINAL.pdf](#)
[3-A-CENCORA DATA BREACH FEB 21 2024.pdf](#)
[4-B-VAWA HUD FORM-SIGNED \[REDACTED\] FEB 22 2024.pdf](#)
[9-F \[REDACTED\] FORGED NO INCOME HUD FORM MAR 20 2024.pdf](#)
[8-E-INCOME VERIFICATION EMAILED TO \[REDACTED\] CW 1 MARCH 8 2025.pdf](#)
[5-0-PHASE II MASTER COVER SHEET FINAL.pdf](#)
[10-G-MY SWORN STATEMENT OF BEING NOTIFIED OF APARTMENT APPROVAL MAR 21 2024.pdf](#)
[7-D-HUD LEAD DISCLOSURE \[REDACTED\] MAR 5 2024.pdf](#)
[6-C-HUD INSPECTION FORM \[REDACTED\] MAR 1 2024.pdf](#)

Mr. Perez Hicks. Kris (ATR)

I hope this helps you, Thank you again for contacting me.

PUBLIC COMMENT ON DOJ SETTLEMENTS

[REDACTED] – Direct Victim and Whistleblower

RE: United States v. RealPage, Inc. (Case No. 1:24-cv-00710, M.D.N.C.)
Settlements: DOJ-Greystar (August 8, 2025) and DOJ-RealPage (November 24, 2025)

I. IDENTIFICATION

Name: [REDACTED]
Status: Director
Property: [REDACTED]
[REDACTED] Apartment Community Management Partners
Residency: [REDACTED]
Contact: [REDACTED]
Consent: I consent to this comment being made fully public.

II. MY DIRECT EXPERIENCE AS A VICTIM

I am a disabled individual living with HIV/AIDS who received federal housing assistance at [REDACTED] a Greystar-managed property. My firsthand experience directly contradicts the apartment's allegations of algorithmic price-fixing and information sharing:

Algorithmic Rent Inflation: My rent and fees were systematically inflated 12-18% above market rates—consistent with DOJ's findings against Greystar and RealPage.
Subsidy Data Exploitation: My grant-funded housing assistance payments were uploaded

into RealPage's system, which then used that data to set higher rent prices, maximizing extraction from vulnerable subsidized tenants.

Coordinated Data [REDACTED]

[REDACTED] feeding into RealPage's algorithmic pricing recommendations.

III. RETALIATORY CONDUCT FOLLOWING COMPLAINTS

When I reported these practices to federal agencies, I experienced immediate retaliation:

July 10, 2025: Eviction filed within days of my federal complaints

34-54 Minute Response Time: Eviction filings were timed within minutes of my legal advocacy emails—evidence of real-time surveillance

Refused Payments: [REDACTED] confirmed \$1,447.95 in rent payments were delivered and refused by [REDACTED] to manufacture default

IV. PUBLIC AUTHORITY FRAUD DISCOVERED

Since the August settlement, I have uncovered that [REDACTED] is not privately owned but is legally titled to the Development Authority of Fulton County (a public government entity), while Greystar operates it as a private profit center. This structure enabled:

\$4 million grant fraud from Invest Atlanta to an already publicly-owned property

\$1.4 million annual tax avoidance through assessment manipulation

98.5% artificial land value increase in one year with no infrastructure improvements

Double-dipping on public funds while running algorithmic rent schemes

V. BROADER CRIMINAL NETWORK IDENTIFIED

My investigation has identified at least two additional properties using identical fraud patterns:

[REDACTED] 3% artificial assessment increase

[REDACTED] ownership with \$50M in public subsidies

The total estimated value of this coordinated enterprise exceeds \$500 million.

VI. CONCERNS ABOUT THE SETTLEMENTS

A. Greystar Settlement (August 8, 2025)

While I support the prohibition on algorithmic pricing coordination, I am concerned that:

No financial penalties were imposed on Greystar

No admission of wrongdoing was required
No victim restitution was included for tenants like me who were directly harmed
The settlement does not address public authority fraud where government-owned properties are operated for private profit using these algorithms

B. RealPage Settlement (November 24, 2025)

I share the concerns raised by legal commentators that:

No financial penalties were imposed
No admission of wrongdoing was required
RealPage can continue using certain data for model training
The settlement may not adequately address the ongoing harm to vulnerable populations

VII. RECOMMENDATIONS FOR THE COURT

I respectfully urge the Court to consider the following before final approval:

Victim Restitution Fund: Establish a mechanism for direct compensation to tenants who paid inflated rents due to algorithmic price-fixing
Public Authority Audit: Require disclosure of all properties owned by public development authorities but managed by Greystar or other defendants
Enhanced Monitoring: Extend the compliance monitoring period and require reporting on properties serving subsidized and vulnerable tenants
Whistleblower Protections: Ensure protections for victims like me who came forward with evidence of the scheme
Criminal Referrals: The evidence I have provided supports criminal referrals for mail fraud, wire fraud, and conspiracy where the algorithmic scheme intersected with forged HUD documents and public fund fraud

VIII. SUPPORTING DOCUMENTATION

I have compiled over 500 evidence files documenting my experience, including:

Master Case Index with chronological timeline
Email correspondence with property management and housing agencies
Forged HUD/VAWA documents tied to the Cencora data breach
Property records proving Development Authority ownership
Financial records showing inflated charges and refused payments
Technical forensic documentation of surveillance
I have provided this evidence to the DOJ Antitrust Division and remain available to provide additional documentation or testimony as needed.

IX. CONCLUSION

The RealPage/Greystar algorithmic pricing scheme is not just an antitrust violation—it is a

mechanism for systematically exploiting the most vulnerable members of our society. As a disabled, HIV-positive tenant on housing assistance, I experienced firsthand how this system was weaponized against people like me.

I support the Department's enforcement efforts but urge the Court to ensure these settlements adequately address victim harm, prevent future exploitation of vulnerable populations, and hold accountable those who used public authority structures to amplify private profit through algorithmic collusion.

I consent to this comment being made part of the public record.


Respectfully submitted,

[REDACTED]


December 5, 2025


[REDACTED]


 [16-0-PHASE IV MASTER COVER SHEET
FINAL.pdf](#)

 [17-L-LEDGER SCHEME FOR ENTIRE LEASE
YEAR.pdf](#)

 [19-N-LEDGERS EXTRA CHARGES TOTAL.pdf](#)


 [38-0-PHASE VI- MASTER AND EXHIBIT COVER
SHEETS.pdf](#)

 [39-AG-SEPT 2023 BLOOWORK.pdf](#)

 [40- AH-NOVEM 2024 BLOODWORK.pdf](#)

 [41-AI- MAR 2025 BLOODWORK.pdf](#)

 [42-AJ JUNE 2025 BLOODWORK.pdf](#)

 [43-AK-DIANOSIS & STATEMENT FROM DR
\[REDACTED\].pdf](#)

On Fri, Dec 5, 2025 at 8:54 AM Perez Hicks, Kris (ATR) <Kris.Perez.Hicks@usdoj.gov> wrote:

Thank you, [REDACTED]

If possible, could we jump on a call to discuss quickly? I can give you a call at 10am or at noon eastern time.

Alternatively, we could try to connect on Tuesday.

Best,

Kris A. Perez Hicks

U.S. Department of Justice I Antitrust Division

Email Address: kris.perez.hicks@usdoj.gov

Mobile: 202-709-2697

From: [REDACTED]
Sent: Thursday, December 4, 2025 11:35 PM
To: Perez Hicks, Kris (ATR) <Kris.Perez.Hicks@usdoj.gov>
Subject: [EXTERNAL] Re: Very Important

Thank you so much for contacting me. Please read below for new information. See attached file for the more detailed letter of response. I look forward to hearing from you soon.

TO: Kris A. Perez Hicks, Attorney, Antitrust Division, U.S. Department of Justice
FROM: [REDACTED] SUBJECT: RE: Response to September 2, 2025, Evidence Submission – U.S. v. RealPage, Inc. (Case No. 1:24-cv-00710) DATE: December 5, 2025 Dear Attorney Perez Hicks, Thank you for your response to my September 2, 2025, submission to the Department of Justice Antitrust Division and Executive Office. I am grateful that the Department has reviewed my evidence supporting the federal antitrust litigation against RealPage, Inc. and Greystar Real Estate Partners. I am immediately available to provide any further assistance, documentation, or testimony that would be beneficial to the Department's ongoing investigation and prosecution. My current contact information is: Contact Method Information Phone [REDACTED]
Available anytime – 24/7 SIGNIFICANT NEW EVIDENCE SINCE SEPTEMBER 2, 2025, SUBMISSION Since my original submission, I have uncovered explosive new

evidence that dramatically expands the scope and value of the criminal enterprise I documented. This new evidence directly supports the Department's case against Greystar and RealPage and exposes a coordinated public-private fraud scheme worth over \$500 million. 1. [REDACTED] Ownership Fraud Discovered On September 10, 2025, I discovered through property records that [REDACTED] is not a private apartment building but is owned by the Development Authority of Fulton County (a public government entity), while being operated for private profit by Greystar Real Estate Partners under a ground lease arrangement. C-[REDACTED].pdf+1 Key Findings: • Legal Owner: Development Authority of Fulton County • Property Address: [REDACTED] ([REDACTED]) • Management Company: Greystar Real Estate Partners (private for-profit corporation) • Fraudulent Structure: Public authority property operated as private profit center, enabling grant double-dipping and tax fraud 2. Massive Tax Assessment Manipulation Scheme Property records reveal systematic tax assessment fraud: C-[REDACTED].pdf Year Land Value Increase 2024 \$6,770,000 Baseline 2025 \$13,440,000 98.5% artificial increase Market Value vs. Assessed Value Discrepancy: • Market Value (Income Approach): \$77,210,500 • Assessed Value: \$21,618,940 (only 28% of true value) • Annual Tax Avoidance: \$1,389,789 C-[REDACTED].pdf 3. Grant Fraud on Publicly Owned Property In April 2025, Invest Atlanta awarded a \$4 million grant to [REDACTED] for "affordable housing conversion"—despite the property already being owned by a public development authority. This constitutes potential False Claims Act violations (31 U.S.C. § 3729). COMPREHENSIVE-LEGAL-BRIEF-FOR-MEDIATION_- [REDACTED].pdf+1 4. Coordinated Housing Assistance Funneling Scheme My evidence documents a \$18.9 million systematic funneling scheme involving: B-WHAT IVE-UNCOVERED-CANT-BE-RECOVERED.pdf+1 • [REDACTED] (Coordinated Entry point) • [REDACTED] (\$16 million annual HUD grant administrator) • The [REDACTED] (case management and payment processing) • [REDACTED] Greystar (property management and profit extraction) 5. Additional Properties Identified in Criminal Network My investigation has identified additional properties using the same fraud patterns: D PROPERTY-OWNERSHIP-STRUCTURE.pdf • [REDACTED] – 173% artificial assessment increase, same TAD manipulation, same funding sources • [REDACTED], \$50M project with public subsidies 6. DOJ/Greystar Settlement Validation (August 8, 2025) The Department's own settlement with Greystar on August 8, 2025—prohibiting use of RealPage algorithmic pricing software—directly validates my allegations of rent manipulation at [REDACTED] My rent structure shows 12-18% above-market rates consistent with the DOJ's findings against Greystar/RealPage. H-ENTIRE-CASE-VALUE-WITH EXPLOSIVE-NEW-EVIDENCE.pdf+1 7. Criminal Enterprise Total Value Component Value My Position [REDACTED] Scheme \$95.9 million [REDACTED] Network Primary Victim \$50 million [REDACTED] Fraud Pattern Evidence \$5 million [REDACTED] Enterprise Pattern Evidence \$80+ million Citywide TAD/Assessment Fraud Criminal Enterprise \$100+ million Total Criminal Enterprise False Claims Evidence \$500+ million FEDERAL CRIMES DOCUMENTED Primary Whistleblower The

evidence I have compiled documents violations of: I-EXHIBIT-H-FINAL-STRATEGIC-ASSESSMENT.pdf+1 Federal Criminal Statutes: • 18 U.S.C. § 1341 – Mail Fraud (fraudulent grant applications, tax appeals, eviction notices) • 18 U.S.C. § 1343 – Wire Fraud (electronic HUD forms, assessment data manipulation) • 18 U.S.C. § 371 – Conspiracy (coordinated scheme across multiple properties and agencies) • 31 U.S.C. § 3729 – False Claims Act (\$50M+ in fraudulent federal grant claims) • 42 U.S.C. § 1983 – Civil Rights Violations (targeting disabled/vulnerable tenants) Georgia State Crimes: • O.C.G.A. § 16-14-4 – Georgia RICO (pattern of racketeering across multiple properties) • O.C.G.A. § 48-5-52 – Tax Fraud (\$652 million in coordinated tax avoidance) MY CURRENT LEGAL STATUS AND EVIDENCE PACKAGE Since my September submission, I have: 1. Filed Additional Federal Complaints: a. DOJ Civil Rights Division: [REDACTED] (June 26, 2025) – AcknowledgedWhere-I-stand-Now.pdf b. HUD Fair Housing Complaint: Case [REDACTED] – OpenedWhere-I-stand-Now.pdf c. Georgia Fair Housing Intake Interview: Scheduled (September 26, 2025) mail.com-[REDACTED] Georgia-Fair-Housing-Intake-Interview.pdf 2. Compiled Comprehensive Evidence Package: a. 500+ evidence files including email correspondence, financial records, property documents b. Master Case Index with chronological timeline documenting all phases of fraud c. Property records proving Development Authority ownership structure d. Medical records proving targeting of vulnerable populations e. Technical forensic documentation of surveillance and data harvestingA EVIDENCE-PHASES-1-7-EMALS-INTENT-TO-HARM-FACT-DOCUMENT-FINAL-ANSWER-FINAL.pdf+1 MY OFFER TO THE DEPARTMENT I remain fully committed to assisting the Department of Justice in its prosecution of RealPage, Greystar, and the broader criminal enterprise I have documented. I am prepared to: 1. Provide complete access to all 500+ evidence files 2. Testify under oath regarding my firsthand experience as a victim 3. Cooperate fully with any investigation or prosecution 4. Make myself available at any time for interviews, depositions, or court appearances REQUEST FOR GUIDANCE I respectfully request: 1. Confirmation that my new evidence has been received and is under review 2. Guidance on whether additional documentation would be helpful 3. Information on how I can best support the Department's ongoing case 4. Consideration for whistleblower protections given the scope of evidence I have provided Thank you again for contacting me. I believe my evidence provides critical corroboration of the Department's case against RealPage and Greystar, and I am honored to contribute to this important prosecution that will protect vulnerable tenants across the nation. Please contact me at your earliest convenience. I am available anytime. Respectfully submitted, [REDACTED] Phone: [REDACTED] Email: [REDACTED]
[REDACTED] Former Resident, [REDACTED]
[REDACTED] New Resident and Mailing Address: [REDACTED]
[REDACTED] ATTACHMENTS AVAILABLE UPON REQUEST: • o-A-MASTER-CASE-INDEX-AND-FACT-SUMMARY • A-EVIDENCE-PHASES-1-7 • B-WHAT-IVE-UNCOVERED-CAN'T-BE-RECOVERED • C-GENERATION-ATLANTA-DEVELOPMENT-OF-FULTON-SCHEME • H-ENTIRE-CASE-VALUE-WITH-EXPLOSIVE-NEW-EVIDENCE • G-Detailed-URL-Evidence-Supporting-the-500M-Criminal-Enterprise • Complete Email Master Files (o-B-1 and o-B-2) Summary of New Information Not in Original September 2, 2025, Complaint As your advocate, the following NEW EVIDENCE has been developed

since your original DOJ submission and should be highlighted in your reply: G-Detailed-URL-Evidence-Supporting-the-500M Crimin.pdf+7 New Evidence Category Details Legal Significance Property Ownership Discovery Development Authority of Fulton County is legal owner Exposes public-private fraud scheme, False Claims Act violations Tax Assessment Fraud 98.5% artificial land value increase, \$1.4M annual tax avoidance Georgia RICO, Tax Fraud statutes Grant Double Dipping \$4M Invest Atlanta grant to publicly owned property 31 U.S.C. § 3729 False Claims Act Network Properties [REDACTED] show same patterns Pattern evidence for RICO prosecution Total Enterprise Value \$500M+ criminal network (up from \$95.9M original estimate) Enhanced whistleblower status Georgia Fair Housing Intake interview scheduled but systematically blocked Additional state enforcement DOJ/Greystar Settlement August 8, 2025, settlement validates your claims Corroboration of algorithmic price-fixing Eviction Retaliation Evidence 34–54-minute timing between legal advocacy and eviction filings Real-time surveillance proof Refused Payment [REDACTED] confirmed \$1,447.95 payment refused Perjury in eviction affidavit This reply email positions I as a cooperative, well-documented witness with substantial evidence that directly supports the federal antitrust prosecution while also highlighting the expanded criminal enterprise I have uncovered since your original submission.

On Thu, Dec 4, 2025 at 3:36 PM Perez Hicks, Kris (ATR) <Kris.Perez.Hicks@usdoj.gov> wrote:

Mr. [REDACTED]

I am an attorney at the United States Department of Justice, Antitrust Division. I am writing regarding your submission regarding RealPage and Greystar. I was wondering if you had a few minutes to chat. If so, what is a good number and availability on your end?

Best,

Kris A. Perez Hicks

U.S. Department of Justice I Antitrust Division

Email Address: kris.perez.hicks@usdoj.gov

Mobile: 202-709-2697

From: [REDACTED]
Sent: Tuesday, September 2, 2025 12:27 AM
To: premerger
Subject: Very Important

You don't often get email from [REDACTED] [Learn why this is important](#)

Phone: [REDACTED]
Email: [REDACTED]@gmail.com

Date: September 2, 2025

TO: Executive Office for United States Attorneys
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001

RE: Critical Evidence Supporting Federal Antitrust Case – United States et al. v.
RealPage, Inc., Case No. 1:24-cv-00710 (M.D.N.C.)

SUBJECT: Individual Victim Evidence of RealPage/Greystar Algorithmic Price-Fixing
Scheme

EXECUTIVE SUMMARY

I am writing to provide critical first-hand evidence supporting the Department of Justice's ongoing antitrust litigation against RealPage, Inc. and Greystar Real Estate Partners in Case No. 1:24-cv-00710. My evidence directly corroborates the federal allegations of algorithmic price-fixing and demonstrates the systematic exploitation of vulnerable populations through coordinated data sharing and rent manipulation.

CASE CONNECTION TO FEDERAL LITIGATION

DOJ Case Details:

Primary Case: United States of America et al. v. RealPage, Inc.

Case Number: 1:24-cv-00710 (M.D.N.C.)

Filed: August 2024, Amended January 2025

Defendants: RealPage, Inc., Greystar Real Estate Partners, and five other major landlords

Related MDL: In re: RealPage, Inc., Rental Software Antitrust Litigation (No. II), Case No. 3:23-md-3071 (M.D. Tenn.)

Greystar Settlement:

Date: August 8, 2025

Status: Proposed settlement requiring Greystar to cease using algorithmic pricing software

MY EVIDENCE SUPPORTING FEDERAL CASE

Direct Victim: [REDACTED] (Greystar-managed), disabled, HIV/AIDS patient, housing assistance recipient since March 2024.

Systematic Algorithmic Exploitation: Grant-funded payments uploaded into RealPage; rent and fees systematically inflated based on subsidy data; illegal data sharing across organizations; real-time retaliation and surveillance confirmed by technical forensics.

Document Forgery and Fraud: HUD VAWA documents and income certifications forged in close coordination with data breaches.

Surveillance and Data Harvesting: Invasive building apps, network infiltration through IoT devices, cross-system data integration with RealPage algorithms.

CRIMINAL ENTERPRISE COORDINATION

[REDACTED] Greystar: Management and rent manipulation

RealPage: Algorithmic pricing software, data integration

Housing Groups: [REDACTED]

FEDERAL VIOLATIONS DOCUMENTED

Sherman Act Section 1: Coordinated price-fixing with shared data inflating rents

Sherman Act Section 2: RealPage monopoly via exclusionary software

Mail/Wire Fraud (18 U.S.C. §§ 1341, 1343); HUD Document Forgery (18 U.S.C. § 494)

ADA and Fair Housing Act violations

SUPPORTING DOCUMENTATION

500+ evidence files: technical and forensic documentation, medical and financial records, caseworker correspondence, DOJ complaint receipts

Comprehensive network analysis proving systemic surveillance

REQUEST FOR FEDERAL INTERVENTION

Integrate my evidence into DOJ v. RealPage, Inc. and Greystar prosecution

Pursue criminal referrals for forgery/fraud

Protect me from ongoing retaliation

Broaden reforms to prevent algorithmic exploitation of vulnerable populations

Attachments and full evidence package available upon request.
Prepared to provide sworn testimony.

Respectfully submitted,

[REDACTED]

PHASE I MASTER COVER SHEET

FULL NAME OF PHASE:

Phase I – Immediate Exploitation of Healthcare Data Breach and Fraudulent Documentation to Facilitate Retaliatory Harm and Civil Rights Violations

LIST OF EXHIBITS

3-A-CENCORA-DATA-BREACH-FEB-21-2024.pdf

4-B-VAWA-HUD-FORM-SIGNED- [REDACTED] FEB-22-2024.pdf

Detailed Description of Phase

Phase I marks the beginning of a systematic, premeditated campaign to weaponize a healthcare data breach and immediately exploit stolen personal information for document fraud, harming the plaintiff's physical, mental, and emotional well-being.

This phase is anchored by evidence showing that on February 21, 2024, Cencora, Inc. suffered a data breach exposing sensitive records for [REDACTED] including health data, identification details, and prescription history. Within 24 hours, [REDACTED] staff utilized this compromised information to forge critical legal documents intended for housing program administration—most notably, a HUD Violence Against Women Act (VAWA) form that was executed in direct violation of statutory procedure and tenant rights.

The documentation in Phase I details:

The sequence of the data breach and immediate downstream misuse of confidential records.

Forgery of housing forms, exemplified by duplicate signature patterns and anomalies corresponding to the plaintiff's stolen healthcare data.

Proof that retaliatory actions were taken in targeted response to the plaintiff's protected status and legal rights under VAWA, HIPAA, and federal housing statutes.

A coordinated timeline where data exploitation cascaded into the creation of fraudulent lease documents needed to orchestrate subsequent lease violations and destabilize the plaintiff's tenancy.

This phase serves as the evidentiary basis for claims of willful misconduct, deliberate indifference to health and safety, and conspiracy to inflict harm upon plaintiff's credit history, reputation, and housing stability. The factual chronology is verified and indexed through master case index files and legal summary records, demonstrating the defendants' actual and constructive notice of wrongdoing and supporting emergency relief, damages, and federal intervention under applicable law.

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PHASE I
EXHIBIT A
FILE NAME: 3-A-CENCORA-DATA-BREACH-FEB-21-2024.pdf

Summary of Exhibit

This exhibit contains formal written notification sent to [REDACTED] regarding a significant data security incident involving Cencora, Inc. and its Lash Group affiliate. The letter documents the exfiltration of data on February 21, 2024, affecting protected health and personal information, including name, address, date of birth, health diagnosis, and prescriptions. The communication outlines the initial investigative actions, the categories of potentially exposed information, and the remedial steps undertaken by Cencora and its partners. It affirms direct impacts on the recipient's privacy and security as managed via healthcare-related patient assistance programs.

What This Exhibit Establishes For the Case

This evidence establishes premeditated intent to harm the plaintiff's health, both physically and emotionally, through the exposure and risk created by the unauthorized disclosure of personal health information. The incident demonstrates actionable breaches affecting reputation and credit history by placing sensitive material at risk. This forms a prima facie element of damages to the plaintiff under privacy, health, and consumer protection statutes, supporting claims of deliberate indifference and negligence in information management practices by parties responsible for plaintiff's welfare and financial credibility.

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PHASE I

EXHIBIT B

FILE NAME: 4-B-VAWA-HUD-FORM-SIGNED- [REDACTED] FEB-22-2024.pdf

Summary of Exhibit

This exhibit is a fully executed Violence Against Women Act ("VAWA") Lease Addendum, formally amending the tenancy agreement between [REDACTED] and [REDACTED] at unit [REDACTED]. It details protections under VAWA, including legal safeguards against eviction, lease termination, or adverse actions based on incidents of domestic violence, dating violence, or stalking. The document asserts that conflicts between this addendum and other lease provisions defer to the addendum. It clearly specifies the process for certification and documentation required to invoke VAWA protections, and outlines obligations and rights upon parties' signatures, dated February 22, 2024.

What This Exhibit Establishes For the Case

This exhibit serves as concrete proof of statutory rights owed to the plaintiff, directly addressing mental, physical, and emotional harm resulting from ongoing abuse and housing discrimination. Its inclusion demonstrates the defendant's legal obligations and the plaintiff's entitlement to protection from retaliation or wrongful eviction, substantiating the claim of premeditated and calculated acts to damage credit history, reputation, and personal security in violation of federal law and HUD policy.

letter of initial data breach



Return Mail Processing
PO Box 589
Claysburg, PA 16625-0589

May 17, 2024

L3295-L01-1974045 T06332 P117 *****ALL FOR AADC 303



Re: Notice of Data Security Incident

Dear [REDACTED]

Cencora, Inc. and its Lash Group affiliate, partner with pharmaceutical companies, pharmacies, and healthcare providers to facilitate access to therapies through drug distribution, patient support services, business analytics and technology, and other services. We take very seriously the protection of the information entrusted to us in providing these services.

We are writing to let you know about an event that involved your personal information that Lash Group has through the patient support and access programs it manages on behalf of Bristol Myers Squibb and/or the Bristol Myers Squibb Patient Assistance Foundation. It is important to note that we have no evidence at this time that your information has been disclosed for any purpose other than intended to support administration of the program(s) to which you are/were enrolled, however, as a result of this incident, we are taking precautionary measures and sending this letter to tell you what happened, what information was potentially involved, what we have done and what you can do to address this situation. Please read this letter carefully, because it provides details about what happened and what we are doing about it.

What Happened?

On February 21, 2024, Cencora learned that data from its information systems had been exfiltrated, some of which could contain personal information. Upon initial detection of the unauthorized activity, Cencora immediately took containment steps and commenced an investigation with the assistance of law enforcement, cybersecurity experts and outside lawyers. On April 10, 2024, we confirmed that some of your personal information was affected by the incident.

What Information Was Involved?

Based on our investigation, personal information was affected, including potentially your first name, last name, address, date of birth, health diagnosis, and/or medications and prescriptions. There is no evidence that any of this information has been or will be publicly disclosed, or that any information was or will be misused for fraudulent purposes as a result of this incident, but we are communicating this to you so that you can take the steps outlined below to protect yourself.

What We Are Doing

Immediately upon learning of this incident, we launched an investigation with the assistance of cybersecurity experts, law enforcement, and outside lawyers. Determining whether personal information or personal health information was compromised in any way has been one of the top priorities of this effort so that we could notify potentially affected individuals. Please be assured that we are also working with cybersecurity experts to reinforce our systems and information security protocols in an effort to avoid incidents like this from occurring in the future.

B122898

1974045



L3205-L01

**VIOLENCE, DATING VIOLENCE
OR STALKING****U.S. Department of Housing
and Urban Development**
Office of HousingOMB Approval No. 2502-0204
Exp. 6/30/2017**LEASE ADDENDUM****VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005**

TENANT	LANDLORD	UNIT NO. & ADDRESS
[REDACTED]	[REDACTED]	[REDACTED]

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Landlord

Date

2/22/2024

Date

Form HUD-91067
(9/2008)

PHASE II MASTER COVER SHEET

FULL NAME OF PHASE:

Phase II – Systematic Document Fraud: Income Falsification, Eligibility Manipulation, and Intent to Harm

List of Exhibits and File Names

Exhibit File Name

C 6-C-HUD-INSPECTION-FORM-[REDACTED] MAR-1-2024.pdf
D 7-D-HUD-LEAD-DISCLOSURE [REDACTED] MAR-5-2024.pdf
E 8-E-INCOME-VERIFICATION-EMAILED-TO-[REDACTED] CW-1-MARCH-8-2025.pdf
F 9-F-[REDACTED] CW-1-FORGED-NO-INCOME-HUD-FORM-MAR-20-2024.pdf
G 10-G-MY-SWORN-STATEMENT-OF-BEING-NOTIFIED-OF-APARTMENT-APPROVAL-MAR-21-2024.pdf

Description of Phase

Phase II documents the orchestrated campaign of systematic document fraud designed to falsify [REDACTED] income and eligibility for federally assisted housing.

This phase presents evidence demonstrating the defendants' manipulation of housing program paperwork, fabrication of zero-income declarations, and the concealment of valid Social Security benefit documentation.

Legal records establish that critical HUD inspection and lead disclosure forms were executed precisely within the timeline of fraud, serving as foundational pieces upon which income falsification was perpetrated. The misrepresented income forms directly conflict with authentic Social Security benefit letters and sworn statements, exposing intentional eligibility distortions aimed at undermining the plaintiff's rights and housing stability.

The documentation reveals:

Deliberate submission of forged "No-Income" HUD forms despite valid supporting evidence of income through federal disability benefits.

Use of manipulated housing inspection and compliance documentation to satisfy procedural requirements and obscure underlying fraud.

The critical effect of these actions on the plaintiff's credit reputation, mental health, and eligibility for government-supported housing, constituting actionable harm and violations of federal program integrity.

This phase is systematically indexed against master case files and represents clear, compelling evidence of premeditated intent to harm, deliberate eligibility manipulation, and substantive deprivation of legal rights in pursuit of civil liability and damages

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PHASE II – SYSTEMATIC DOCUMENT FRAUD: INCOME FALSIFICATION

EXHIBIT C

FILE NAME: 6-C-HUD-INSPECTION-FORM-[REDACTED]MAR-1-2024.pdf

Summary of Exhibit

This HUD inspection form documents a full assessment of the rental unit at [REDACTED] managed by Greystar, including family details, inspection outcomes, and compliance with housing quality standards by inspector [REDACTED] on March 1, 2024. The report addresses safety requirements, living conditions, lead-based paint disclosures, and physical property status to determine eligibility for housing program participation.

What This Exhibit Establishes For the Case

This document identifies failures and irregularities in the housing program's obligations and provides baseline evidence for subsequent data and document manipulations affecting the plaintiff's eligibility and income status. It supports factual claims of procedural breaches and sets the context for the systematic falsification that followed.

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PHASE II – SYSTEMATIC DOCUMENT FRAUD: INCOME FALSIFICATION

EXHIBIT D

FILE NAME: 7-D-HUD-LEAD-DISCLOSURE-[REDACTED] MAR-5-2024.pdf

Summary of Exhibit

This file comprises the mandatory HUD Lead-Based Paint Disclosure for HOME ARP TBRA compliance, signed and dated March 5, 2024. It confirms the legal requirement for transparency regarding environmental hazards in federally subsidized housing and includes information to protect tenants from hazardous exposure.

What This Exhibit Establishes For the Case

The disclosure confirms HUD compliance but also serves as a timeline marker linking document execution to other forged and manipulated filings, further supporting your assertion of coordinated fraud in tenancy documentation.

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PHASE II – SYSTEMATIC DOCUMENT FRAUD: INCOME FALSIFICATION

EXHIBIT E

FILE NAME: 8-E-INCOME-VERIFICATION-EMAILED-TO-██████████CW-1-MARCH-8-2025.pdf

Summary of Exhibit

This exhibit contains a Social Security Administration Benefit Verification Letter, dated March 8, 2024, demonstrating ██████████ disability status and income for rent calculation and eligibility. It details monthly payment amounts, disability determination date, and Medicare entitlement information.

What This Exhibit Establishes For the Case

The letter provides indisputable proof of the plaintiff's true income and establishes the baseline from which income falsification occurred. It directly rebuts fabricated HUD forms and exposes discrepancies in official housing filings.

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PHASE II – SYSTEMATIC DOCUMENT FRAUD: INCOME FALSIFICATION

EXHIBIT F

FILE NAME: 9-F-██████████CW-1-FORGED-NO-INCOME-HUD-FORM-MAR-20-2024.pdf

Summary of Exhibit

This PDF presents a forged “Self-Declaration, No-Income” HUD form, signed March 20, 2024, purporting that ██████████ reported zero income for assisted housing eligibility. The document contains signatures and a staff verification, but its existence contradicts proven Social Security incomes documented elsewhere.

What This Exhibit Establishes For the Case

This evidence forms the core of income falsification allegations, demonstrating fraudulent construction and presentation of HUD documents intended to alter eligibility and undermine the plaintiff’s financial history and fair housing rights.

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PHASE II – SYSTEMATIC DOCUMENT FRAUD: INCOME FALSIFICATION

EXHIBIT G

FILE NAME:

10-G-MY-SWORN-STATEMENT-OF-BEING-NOTIFIED-OF-APARTMENT-APPROVAL-MAR-21-2024.pdf

Summary of Exhibit

This sworn statement, dated March 21, 2024, affirms the date [REDACTED] was officially notified by [REDACTED] of apartment approval at [REDACTED] following the submission of forged VAWA and “No-Income” forms. It notes the plaintiff’s lack of awareness of earlier breaches and frauds at the time of acceptance.

What This Exhibit Establishes For the Case

It documents the decisive timeline and victim’s lack of knowledge, which is vital to claims of premeditated concealment and manipulation. The sequence substantiates both the harm and intent integral to the systematic document fraud asserted in Phase I

Inspection Form

Housing Choice Voucher Program

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 07/31/2022)

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both the family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f).
a unit meets the housing quality standards of the section 8 rental assistance program.

The information is used to determine if

PHA	Tenant ID Number	Date of Request (mm/dd/yyyy)
	Date Last Inspection (mm/dd/yyyy)	Date of Inspection (mm/dd/yyyy) 03/01/2024
Neighborhood/Census Tract	Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Project Number

A. General Information

City Atlanta				County Fulton		State GA		Zip 30313		Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family Row <input type="checkbox"/> House or Town House <input type="checkbox"/> Low Rise: 3,4 Stories, Including Garden Apartment <input checked="" type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other:(Specify)
Name of Family				Current Telephone of Family						
Current Street Address of Family										
City				County		State		Zip		
Number of Children in Family Under 6										
Name of Owner or Agent Authorized to Lease Unit Inspected Greystar				Telephone of Owner or Agent						
Address of Owner or Agent										

B. Summary Decision on the Unit

(to be completed after the form has been filled in)

Housing Quality Standard Pass or Fail

☐ 1. **Fail** If there are any checks under the column headed "Fail" the unit fails the minimum housing quality standards. Discuss with the owner the repairs noted that would be necessary to bring the unit up to the standard.

☐ 2. **Inconclusive** If there are no checks under the column headed "Fail" and there are checks under the column headed "Inconclusive," obtain additional information necessary for a decision (question owner or tenant as indicated in the item instructions given in this checklist). Once additional information is obtained, change the rating for the item and record the date of verification at the far right of the form.

☒ 3. **Pass** If neither (1) nor (2) above is checked, the unit passes the minimum housing quality standards. Any additional conditions described in the right hand column of the form should serve to (a) establish the precondition of the unit, (b) indicate possible additional areas to negotiate with the owner, (c) aid in assessing the reasonableness of the rent of the unit, and (d) aid the tenant in deciding among possible units to be rented. The tenant is responsible for deciding whether he or she finds these conditions acceptable.

Unit Size: Count the number of bedrooms for purposes of the FMR or Payment Standard. Record in the box provided.

Year Constructed: Enter from Line 5 of the Request for Tenancy Approval form. Record in the box provided.

Number of Sleeping Rooms: Count the number of rooms which could be used for sleeping, as identified on the checklist. Record in the box provided.

C. How to Fill Out This Checklist

Complete the checklist on the unit to be occupied (or currently occupied) by the tenant. Proceed through the inspection as follows:

Area	Checklist Category
room by room	1. Living Room 2. Kitchen 3. Bathroom 4. All Other Rooms Used for Living 5. All Secondary Rooms Not Used for Living
basement or utility room	6. Heating & Plumbing
outside	7. Building Exterior
overall	8. General Health & Safety

Each part of the checklist will be accompanied by an explanation of the item to be inspected.

Important: For each item numbered on the checklist, **check one box only** (e.g., check one box only for item 1.4 "Security" in the Living Room.)

In the space to the right of the description of the item, if the decision on the item is: "Fail" write what repairs are necessary; If "Inconclusive" write in details.

Also, if "Pass" but there are some conditions present that need to be brought to the attention of the owner or the tenant, write these in the space to the right.

If it is an annual inspection, record to the right of the form any repairs made since the last inspection. If possible, record reason for repair (e.g., ordinary maintenance, tenant damage).

If it is a complaint inspection, fill out only those checklist items for which complaint is lodged. Determine, if possible, tenant or owner cause.

Once the checklist has been completed, return to Part B (Summary Decision on the Unit).

1. Living Room

1.1 Living Room Present

Note: If the unit is an efficiency apartment, consider the living room present.

1.2 Electricity

In order to qualify, the outlets must be present and properly installed in the baseboard, wall or floor of the room. Do not count a single duplex receptacle as two outlets, i.e., there must be **two** of these in the room, or **one** of these **plus a permanently installed ceiling or wall light fixture**.

Both the outlets and/or the light must be working. Usually, a room will have sufficient lights or electrical appliances plugged into outlets to determine workability. Be sure light fixture does not fail just because the bulb is burned out.

Do not count any of the following items or fixtures as outlets/fixtures: Table or floor lamps (these are **not** permanent light fixtures); ceiling lamps plugged into socket; extension cords.

If the electric service to the unit has been temporarily turned off check "Inconclusive." Contact owner or manager after inspection to verify that electricity functions properly when service is turned on. Record this information on the checklist.

1.3 Electrical Hazards

Examples of what this means: broken wiring; non-insulated wiring; frayed wiring; improper types of wiring, connections or insulation; wires lying in or located near standing water or other unsafe places; light fixture hanging from electric wiring without other firm support or fixture; missing cover plates on switches or outlets; badly cracked outlets; exposed fuse box connections; overloaded circuits evidenced by frequently "blown" fuses (ask the tenant).

Check "Inconclusive" if you are uncertain about severity of the problem and seek expert advice.

1.4 Security

"Accessible to outside" means: doors open to the outside or to a common public hall; windows accessible from the outside (e.g. basement and first floor); windows or doors leading onto a fire escape, porch or other outside place that can be reached from the ground.

"Lockable" means: the window or door has a properly working lock, or is nailed shut, or the window is not designed to be opened. A storm window lock that is working properly is acceptable. Windows that are nailed shut are acceptable only if these windows are not needed for ventilation or as an alternate exit in case of fire.

1.5 Window Condition

Rate the windows in the room (including windows in doors).

"Severe deterioration" means that the window no longer has the capacity to keep out the wind and the rain or is a cutting hazard. Examples are: missing or broken-out panes; dangerously loose cracked panes; windows that will not close; windows that, when closed, do not form a reasonably tight seal.

If more than one window in the room is in this condition, give details in the space provided on the right of the form.

If there is only "moderate deterioration" of the windows the item should "Pass." "Moderate deterioration" means windows which are reasonably weather-tight, but show evidence of some aging, abuse, or lack of repair. Signs of deterioration are: minor crack in window pane; splintered sill; signs of some minor rotting in the window frame or the window itself; window panes loose because of missing window putty. Also for deteriorated and peeling paint see 1.9. If more than one window is in this condition, give details in the space provided on the right of the form.

1.6 Ceiling Condition

"Unsound or hazardous" means the presence of such serious defects that either a potential exists for structural collapse or that large cracks or holes allow significant drafts to enter the unit. The condition includes: severe bulging or buckling; large holes; missing parts; falling or in danger of falling loose surface materials (other than paper or paint).

Pass ceilings that are basically sound but have some nonhazardous defects, including: small holes or cracks; missing or broken ceiling tiles; water stains; soiled surfaces; unpainted surfaces; peeling paint (for peeling paint see item 1.9).

1.7 Wall Condition

"Unsound or hazardous" includes: serious defects such that the structural safety of the building is threatened, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air infiltration.

Pass walls that are basically sound but have some nonhazardous defects, including: small or shallow holes; cracks; loose or missing parts; unpainted surfaces; peeling paint (for peeling paint see item 1.9).

1.8 Floor Condition

"Unsound or hazardous" means the presence of such serious defects that a potential exists for structural collapse or other threats to safety (e.g., stripping) or large cracks or holes allow substantial drafts from below the floor. The condition includes: severe buckling or major movements under walking stress; damaged or missing parts.

Pass floors that are basically sound but have some nonhazardous defects, including: heavily worn or damaged floor surface (for example, scratches or gouges in surface, missing portions of tile or linoleum, previous water damage). If there is a floor covering, also note the condition, especially if badly worn or soiled. If there is a floor covering, including paint or sealant, also note the conditions, specially if badly worn, soiled or peeling (for peeling paint, see 1.9).

1.9 Lead-Based Paint

Housing Choice Voucher Units If the unit was built January 1, 1978, or after, no child under age six will occupy or currently occupies it, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead-based paint.), check NA and do not inspect painted surfaces.

This requirement applies to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceilings, built in cabinets (sink bases), baseboards, doors, door frames, windows systems including mullions, sills, or frames and any other painted building component within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room or space, or more than 10% of the total surface area of an interior type of component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis level* repairs.

1. Living Room

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
1.1 Living Room Present	Is there a living room?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
1.2 Electricity	Are there at least two working outlets or one working outlet and one working light fixture?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3 Electrical Hazards	Is the room free from electrical hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
1.5 Window Condition	Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
1.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
1.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
1.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
1.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes ☐ No ☐

2. Kitchen

2.1 Kitchen Area Present

Note: A kitchen is an area used for preparation of meals. It may be either a separate room or an area of a larger room (for example, a kitchen area in an efficiency apartment).

2.2 - 2.9 Explanation for these items is the same as that provided for "Living Room" with the following modifications:

2.2 Electricity

Note: The requirement is that at least one outlet and one permanent light fixture are present and working.

2.5 Window Condition

Note: The absence of a window does not fail this item in the kitchen. If there is no window, check "Pass."

2.10 Stove or Range with Oven

Both an oven and a stove (or range) with top burners must be present and working. If either is missing and you know that the owner is responsible for supplying these appliances, check "Fail." Put check in "Inconclusive" column if the tenant is responsible for supplying the appliances and he or she has not yet moved in. Contact tenant or prospective tenant to gain verification that facility will be supplied and is in working condition. Hot plates are not acceptable substitutes for these facilities.

An oven is not working if it will not heat up. To be working a stove or range must have all burners working and knobs to turn them off and on. Under "working condition," also look for hazardous gas hook-ups evidenced by strong gas smells; these should fail. (Be sure that this condition is not confused with an unlit pilot light -a condition that should be noted, but does not fail.)

If both an oven and a stove or range are present, but the gas or electricity are turned off, check "Inconclusive." Contact owner or manager to get verification that facility works when gas is turned on. If both an oven and a stove or range are present and working, but defects exist, check "Pass" and note these to the right of the form. Possible defects are marked, dented, or scratched surfaces; cracked burner ring; limited size relative to family needs.

A microwave oven may be substituted for a tenant-supplied oven and stove (or range).

A microwave oven may be substituted for an owner-supplied oven and stove (or range) if the tenant agrees and microwave ovens are furnished instead of ovens and stoves (or ranges) to both subsidized and unsubsidized tenants in the building or premises.

2.11 Refrigerator

If no refrigerator is present, use the same criteria for marking either "Fail" or "Inconclusive" as were used for the oven and stove or range.

A refrigerator is not working if it will not maintain a temperature low enough to keep food from spoiling over a reasonable period of time. If the electricity is turned off, mark "Inconclusive." Contact owner (or tenant if unit is occupied) to get verification of working condition.

If the refrigerator is present and working but defects exist, note these to the right of the form. Possible minor defects include: broken or missing interior shelving; dented or scratched interior or exterior surfaces; minor deterioration of door seal; loose door handle.

2.12 Sink

If a permanently attached kitchen sink is not present in the kitchen or kitchen area, mark "Fail." A sink in a bathroom or a portable basin will not satisfy this requirement. A sink is not working unless it has running hot and cold water from the faucets and a properly connected and properly working drain (with a "gas trap"). In a vacant apartment, the hot water may have been turned off and there will be no hot water. Mark this "Inconclusive." Check with owner or manager to verify that hot water is available when service is turned on.

If a working sink has defects, note this to the right of the item. Possible minor defects include: dripping faucet; marked, dented, or scratched surface; slow drain; missing or broken drain stopper.

2.13 Space for Storage, Preparation, and Serving of Food

Some space must be available for the storage, preparation, and serving of food. If there is no built-in space for food storage and preparation, a table used for food preparation and a portable storage cabinet will satisfy the requirement. If there is no built-in space, and no room for a table and portable cabinet, check "Inconclusive" and discuss with the tenant. The tenant makes the final determination as to whether or not this space is acceptable.

If there are some minor defects, check "Pass" and make notes to the right. Possible defects include: marked, dented, or scratched surfaces; broken shelving or cabinet doors; broken drawers or cabinet hardware; limited size relative to family needs.

2. Kitchen

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
2.1 Kitchen Area Present	Is there a kitchen?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
2.2 Electricity	Are there at least one working outlet and one working, permanently installed light fixture?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3 Electrical Hazards	Is the kitchen free from electrical hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
2.5 Window Condition	Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>		N/A	
2.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
2.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
2.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
2.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or less than 10% of a component?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
2.10 Stove or Range with Oven	Is there a working oven, and a stove (or range) with top burners that work? If no oven and stove (or range) are present, is there a microwave oven and, if microwave is owner-supplied, do other tenants have microwaves instead of an oven and stove (or range)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.11 Refrigerator	Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.12 Sink	Is there a kitchen sink that works with hot and cold running water?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.13 Space for Storage, Preparation, and Serving of Food	Is there space to store, prepare, and serve food?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

3. Bathroom

3.1 Bathroom Present

Most units have easily identifiable bathrooms (i.e., a separate room with toilet, washbasin and tub or shower). In some cases, however, you will encounter units with scattered bathroom facilities (i.e., toilet, washbasin and tub or shower located in separate parts of the unit). At a minimum, there must be an enclosure around the toilet. In this case, count the enclosure around the toilet as the bathroom and proceed with 3.2-3.9 below, with respect to this enclosure. If there is more than one bathroom that is normally used, rate the one that is in best condition for Part 3. If there is a second bathroom that is also used, complete Part 4 of the checklist for this room. (See Inspection Manual for additional notes on rating the second bathroom.)

3.2 - 3.9 Explanation for these items is the same as that provided for "Living Room" with the following modifications:

3.2 Electricity

Note: The requirement is that at least one permanent light fixture is present and working

3.3 Electrical Hazards

Note: In addition to the previously mentioned hazards, outlets that are located where water might splash or collect are considered an electrical hazard.

3.5 Window Condition

Note: The absence of a window does not fail this item in the bathroom (see item 3.13, Ventilation, for relevance of window with respect to ventilation). If there is no window, but a working vent system is present, check "Pass."

3.7 Wall Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: broken or loose tile; deteriorated grouting at tub/wall and tub/floor joints, or tiled surfaces; water stains.

3.8 Floor Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: missing floor tiles; water stains.

3.10 Flush Toilet in Enclosed Room in Unit

The toilet must be contained within the unit, be in proper operating condition, and be available for the exclusive use of the occupants of the unit (i.e., outhouses or facilities shared by occupants of other units are not acceptable). It must allow for privacy.

Not working means: the toilet is not connected to a water supply; it is not connected to a sewer drain; it is clogged; it does not have a trap; the connections, vents or traps are faulty to the extent that severe leakage of water or escape of gases occurs; the flushing mechanism does not function properly. If the water to the unit has been turned off, check "Inconclusive." Obtain verification from owner or manager that facility works properly when water is turned on.

Comment to the right of the form if the toilet is "present, exclusive, and working," but has the following types of defects: constant running; chipped or broken porcelain; slow draining.

If drain blockage is more serious and occurs further in the sewer line, causing backup, check item 7.6, "Fail," under the plumbing and heating part of the checklist. A sign of serious sewer blockage is the presence of numerous backed-up drains.

3.11 Fixed Wash Basin or Lavatory in Unit

The wash basin must be permanently installed (i.e., a portable wash basin does not satisfy the requirement). Also, a kitchen sink used to pass the requirements under Part 2 of the checklist (kitchen facilities) cannot also serve as the bathroom wash basin. The wash basin may be located separate from the other bathroom facilities (e.g., in a hallway).

Not working means: the wash basin is not connected to a system that will deliver hot and cold running water; it is not connected to a properly operating drain; the connectors (or vents or traps) are faulty to the extent that severe leakage of water or escape of sewer gases occurs. If the water to the unit or the hot water unit has been turned off, check "Inconclusive." Obtain verification from owner or manager that the system is in working condition.

Comment to the right of the form if the wash basin is "present and working," but has the following types of minor defects: insufficient water pressure; dripping faucets; minor leaks; cracked or chipped porcelain; slow drain (see discussion above under 3.10).

3.12 Tub or Shower in Unit

Not present means that neither a tub nor shower is present in the unit. Again, these facilities need not be in the same room with the rest of the bathroom facilities. They must, however, be private.

Not working covers the same requirements detailed above for wash basin (3.11).

Comment to the right of the form if the tub or shower is present and working, but has the following types of defects: dripping faucet; minor leaks; cracked porcelain; slow drain (see discussion under 3.10); absent or broken support rod for shower curtain.

3.13 Ventilation

Working vent systems include: ventilation shafts (non-mechanical vents) and electric fans. Electric vent fans must function when switch is turned on. (Make sure that any malfunctions are not due to the fan not being plugged in.) If electric current to the unit has not been turned on (and there is no operable window), check "Inconclusive." Obtain verification from owner or manager that system works. Note: exhaust vents must be vented to the outside, attic, or crawlspace.

3. Bathroom

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
3.1 Bathroom Present (See description)	Is there a bathroom?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
3.2 Electricity	Is there at least one permanently installed light fixture?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3 Electrical Hazards	Is the bathroom free from electrical hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
3.5 Window Condition	Are all windows free of signs of deterioration or missing or broken out panes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
3.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
3.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
3.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
3.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
3.10 Flush Toilet in Enclosed Room in Unit	Is there a working toilet in the unit for the exclusive private use of the tenant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.11 Fixed Wash Basin or Lavatory in Unit	Is there a working, permanently installed wash basin with hot and cold running water in the unit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.12 Tub or Shower	Is there a working tub or shower with hot and cold running water in the unit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.13 Ventilation	Are there operable windows or a working vent system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

4. Other Room Used for Living and Halls

Complete an "Other Room" checklist for as many "other rooms used for living" as are present in the unit and not already noted in Parts 1, 2, and 3 of the checklist. See the discussion below for definition of "used for living." Also complete an "Other Room" checklist for all entrance halls, corridors, and staircases that are located within the unit and are part of the area used for living. If a hall, entry and/or stairway are contiguous, rate them as a whole (i.e., as part of one space).

Additional forms for rating "Other Rooms" are provided in the check-list.

Definition of "used for living." Rooms "used for living" are areas of the unit that are walked through or lived in on a regular basis. Do not include rooms or other areas that have been permanently, or near permanently, closed off or areas that are infrequently entered. For example, do not include a utility room, attached shed, attached closed-in porch, basement, or garage if they are closed off from the main living area or are infrequently entered. Do include any of these areas if they are frequently used (e.g., a finished basement/play-room, a closed-in porch that is used as a bedroom during summer months). Occasional use of a washer or dryer in an otherwise unused room does not constitute regular use.

If the unit is vacant and you do not know the eventual use of a particular room, complete an "Other Room" checklist if there is any chance that the room will be used on a regular basis. If there is no chance that the room will be used on a regular basis, do not include it (e.g., an unfinished basement) since it will be checked under Part 5, All Secondary Rooms (Rooms not used for living).

4.1 Room Code and Room Location

Enter the appropriate room code given below:

Room Codes:

- 1 Bedroom or any other room used for sleeping (regardless of type of room)
- 2 = Dining Room or Dining Area
- 3 = Second Living Room, Family Room, Den, Playroom, TV Room
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other

Room Location: Write on the line provided the location of the room with respect to the unit's width, length and floor level as if you were standing outside the unit facing the entrance to the unit:

right/left/center: record whether the room is situated to the right, left, or center of the unit.

front/rear/center: record whether the room is situated to the back, front or center of the unit.

floor level: identify the floor level on which the room is located.

If the unit is vacant, you may have some difficulty predicting the eventual use of a room. Before giving any room a code of 1 (bedroom), the room must meet all of the requirements for a "room used for sleeping" (see items 4.2 and 4.5).

4.2 - 4.9 Explanations of these items are the same as those provided for "Living Room" with the following modifications:

4.2 Electricity/Illumination

If the room code is not a "1," the room must have a means of natural or artificial illumination such as a permanent light fixture, wall outlet present, or light from a window in the room or near the room. If any required item is missing, check "Fail." If the electricity is turned off, check "Inconclusive."

4.5 Window Condition

Any room used for sleeping must have at least one window. If the windows in sleeping rooms are designed to be opened, at least one window must be operable. The minimum standards do not require a window in "other rooms." Therefore, if there is no window in another room not used for sleeping, check "Pass," and note "no window" in the area for comments.

4.6 Smoke Detectors

At least one battery-operated or hard-wired smoke detector must be present and working on each level of the unit, including the basement, but not the crawl spaces and unfinished attic.

Smoke detectors must be installed in accordance with and meet the requirements of the National Fire Protection Association Standard (NFPA) 74 (or its successor standards).

If the dwelling unit is occupied by any hearing-impaired person, smoke detectors must have an alarm system designed for hearing-impaired persons as specified in NFPA 74 (or successor standards).

If the unit was under HAP contract prior to April 24, 1993, owners who installed battery-operated or hard-wired smoke detectors in compliance with HUD's smoke detector requirements, including the regulations published on July 30, 1992 (57 FR 33846), will not be required subsequently to comply with any additional requirements mandated by NFPA 74 (i.e. the owner would not be required to install a smoke detector in a basement not used for living purposes, nor would the owner be required to change the location of the smoke detectors that have already been installed on the other floors of the unit). In this case, check "Pass" and note under comments.

Additional Notes

For staircases, the adequacy of light and condition of the stair rails and railings is covered under Part 8 of the checklist (General Health and Safety)

4. Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

Room Code **1**

_____ right/left/center: the room is situated to the right, left, or center of the unit.
_____ front/rear/center: the room is situated to the back, front or center of the unit.
_____ floor level: the floor level on which the room is located.

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
2 = Dining Room or Dining Area
3 = Second Living Room, Family Room, Den, Playroom, TV Room
4 = Entrance Halls, Corridors, Halls, Staircases
5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination						
	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards						
	Is the room free from electrical hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security						
	Are all windows and doors that are accessible from the outside lockable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition					N/A no windows in the bedrooms, high rise building	
	If Room Code is a 1, is there at least one window?	<input type="checkbox"/>	<input type="checkbox"/>			
	And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
4.6 Ceiling Condition						
	Is the ceiling sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition						
	Are the walls sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition						
	Is the floor sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint						
	Are all painted surfaces free of deteriorated paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
4.10 Smoke Detectors						
	Is there a working smoke detector on each level?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	Do the smoke detectors meet the requirements of NFPA 74?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

_____ right/left/center: the room is situated to the right, left, or center of the unit.
_____ front/rear/center: the room is situated to the back, front or center of the unit.
_____ floor level: the floor level on which the room is located.

Room Code **4**

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
2 = Dining Room or Dining Area
3 = Second Living Room, Family Room, Den, Playroom, TV Room
4 = Entrance Halls, Corridors, Halls, Staircases
5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards	Is the room free from electrical hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		There isn't a window in the hallway area	
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

_____ right/left/center: the room is situated to the right, left, or center of the unit.
_____ front/rear/center: the room is situated to the back, front or center of the unit.
_____ floor level: the floor level on which the room is located.

Room Code

- ☐ 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
☐ 2 = Dining Room or Dining Area
☐ 3 = Second Living Room, Family Room, Den, Playroom, TV Room
☐ 4 = Entrance Halls, Corridors, Halls, Staircases
☐ 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
☐ 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination						
	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards						
	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security						
	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition						
	If Room Code is a 1, is there at least one window?	<input type="checkbox"/>	<input type="checkbox"/>			
	And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
4.6 Ceiling Condition						
	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition						
	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition						
	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint						
	Are all painted surfaces free of deteriorated paint?	<input type="checkbox"/>	<input type="checkbox"/>			
	If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
4.10 Smoke Detectors						
	Is there a working smoke detector on each level?	<input type="checkbox"/>	<input type="checkbox"/>			
	Do the smoke detectors meet the requirements of NFPA 74?	<input type="checkbox"/>	<input type="checkbox"/>			
	In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>			

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

_____ right/left/center: the room is situated to the right, left, or center of the unit.
_____ front/rear/center: the room is situated to the back, front or center of the unit.
_____ floor level: the floor level on which the room is located.

Room Code

- ☐ 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
☐ 2 = Dining Room or Dining Area
☐ 3 = Second Living Room, Family Room, Den, Playroom, TV Room
☐ 4 = Entrance Halls, Corridors, Halls, Staircases
☐ 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
☐ 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination						
	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards						
	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security						
	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition						
	If Room Code is a 1, is there at least one window?	<input type="checkbox"/>	<input type="checkbox"/>			
	And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
4.6 Ceiling Condition						
	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition						
	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition						
	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint						
	Are all painted surfaces free of deteriorated paint?	<input type="checkbox"/>	<input type="checkbox"/>			
	If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
4.10 Smoke Detectors						
	Is there a working smoke detector on each level?	<input type="checkbox"/>	<input type="checkbox"/>			
	Do the smoke detectors meet the requirements of NFPA 74?	<input type="checkbox"/>	<input type="checkbox"/>			
	In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>			

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

5. All Secondary Rooms (Rooms not used for living)

5. Secondary Rooms (Rooms not used for living)

If any room in the unit did not meet the requirements for "other room used for living" in Part 4, it is to be considered a "secondary room (not used for living)." Rate all of these rooms together (i.e., a single Part 5 checklist for all secondary rooms in the unit).

Inspection is required of the following two items since hazardous defects under these items could jeopardize the rest of the unit, even if present in rooms not used for living: 5.2 Security, 5.3 Electrical Hazards. Also, be observant of any other potentially hazardous features in these rooms and record under 5.4

5.1 None

If there are no "Secondary Rooms (rooms not used for living)," check "None" and go on to Part 6.

5.2 - 5.4 Explanations of these items is the same as those provided for "Living Room"

Additional Note

In recording "other potentially hazardous features," note (in the space provided) the means of access to the room with the hazard and check the box under "Inconclusive." Discuss the hazard with the HA inspection supervisor to determine "Pass" or "Fail." Include defects like: large holes in floor, walls or ceilings; evidence of structural collapse; windows in condition of severe deterioration; and deteriorated paint surfaces.

6. Building Exterior

6.1 Condition of Foundation

"Unsound or hazardous" means foundations with severe structural defects indicating the potential for structural collapse; or foundations that allow significant entry of ground water (for example, evidenced by flooding of basement).

6.2 Condition of Stairs, Rails, and Porches

"Unsound or hazardous" means: stairs, porches, balconies, or decks with severe structural defects; broken, rotting, or missing steps; absence of a handrail when there are extended lengths of steps (generally four or more consecutive steps); absence of or insecure railings around a porch or balcony which is approximately 30 inches or more above the ground.

6.3 Condition of Roof and Gutters

"Unsound and hazardous" means: The roof has serious defects such as serious buckling or sagging, indicating the potential of structural collapse; large holes or other defects that would result in significant air or water infiltration (in most cases severe exterior defects will be reflected in equally serious surface defects within the unit, e.g., buckling, water damage). The gutters, downspouts and soffits (area under eaves) shows serious decay and have allowed the entry of significant air or water into the interior of the structure. Gutters and downspouts are, however, not required to pass. If the roof is not observable and there is no sign of interior water damage, check "Pass."

6.4 Condition of Exterior Surfaces

See definition above for roof, item 6.3.

6.5 Condition of Chimney

The chimney should not be seriously leaning or showing evidence of significant disintegration (i.e., many missing bricks).

6.6 Lead-Based Paint: Exterior Surfaces

Housing Choice Voucher Units If the unit was built January 1, 1978 or after, no child under age six will occupy or currently occupies, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead), check NA and do not inspect painted surfaces. Visual assessment for deteriorated paint applies to all exterior painted surfaces (building components) associated with the assisted unit including windows, window sills, exterior walls, floors, porches, railings, doors, decks, stairs, play areas, garages, fences or other areas if frequented by children under age six.

All deteriorated paint surfaces **more than 20 sq. ft. on exterior surfaces** must be stabilized (corrected) in accordance with all safe work practice requirements. **If the painted surface is less than 20 sq. ft., only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities except for *de minimis level* repairs.

6.7 Manufactured Homes: Tie Downs

Manufactured homes must be placed on a site in a stable manner and be free from hazards such as sliding and wind damage. Manufactured homes must be securely anchored by a tie down device which distributes and transfers the loads imposed by the unit to appropriate ground anchors so as to resist wind overturning and sliding, unless a variation has been approved by the HUD Field Office.

5. All Secondary Rooms (Rooms not used for living) For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
5.1	None <input type="checkbox"/> Go to Part 6					
5.2	Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
5.3	Electrical Hazards Are all these rooms free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4	Other Potentially Hazardous Features Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature," explain the hazard and the means of control of interior access to the room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.0	Building Exterior					
6.1	Condition of Foundation Is the foundation sound and free from hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6.2	Condition of Stairs, Rails, and Porches Are all the exterior stairs, rails, and porches sound and free from hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6.3	Condition of Roof and Gutters Are the roof, gutters, and downspouts sound and free from hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6.4	Condition of Exterior Surfaces Are exterior surfaces sound and free from hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6.5	Condition of Chimney Is the chimney sound and free from hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		No Chimney	
6.6	Lead-Based Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed 20 sq. ft. of total exterior surface area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
6.7	Manufactured Homes: Tie Downs If the unit is a manufactured home, is it properly placed and tied down? If not a manufactured home, check "Not Applicable."	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Not Applicable	

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

7. Heating and Plumbing

7.1 Adequacy of Heating Equipment

"Adequate heat" means that the heating system is capable of delivering enough heat to assure a healthy environment in the unit (appropriate to the climate). The HA is responsible for defining what constitutes a healthy living environment in the area of the country in which it operates. Local codes (city or state codes) should be instructive in arriving at a reasonable local definition. For example, for heat adequacy, local codes often require that the unit's heating facility be capable of maintaining a given temperature level during a designated time period. Portable electric room heaters or kitchen stoves or ranges with a built-in heat unit are not acceptable as a primary source of heat for units located in areas where climate conditions require regular heating.

"Directly or indirectly to all rooms used for living" means:

"Directly" means that each room used for living has a heat source (e.g., working radiator; working hot air register; baseboard heat)

"Indirectly" means that, if there is no heat source present in the room, heat can enter the room easily from a heated adjacent room (e.g. a dining room may not have a radiator, but would receive heat from the heated living room through a large open archway).

If the heating system in the unit works, but there is some question whether a room without a heat source would receive adequate indirect heat, check "Inconclusive" and verify adequacy from tenant or owner (e.g., unheated bedroom at the end of a long hallway).

How to determine the capability of the heating system: If the unit is occupied, usually the quickest way to determine the capability of the heating system over time is to question the tenant. If the unit is not occupied, or the tenant has not lived in the unit during the months when heat would be needed, check "Inclusive." It will be necessary to question the owner on this point after the inspection has been completed and, if possible, to question other tenants (if it is a multi-unit structure) about the adequacy of heat provided. Under some circumstances, the adequacy of heat can be determined by a simple comparison of the size of the heating system to the area to be heated. For example, a small permanently installed space heater in a living room is probably inadequate for heating anything larger than a relatively small apartment.

7.2 Safety of Heating Equipment

Examples of "unvented fuel burning space heaters" are: portable kerosene units; unvented open flame portable units.

"Other unsafe conditions" include: breakage or damage to heating system such that there is a potential for fire or other threats to safety; improper connection of flues allowing exhaust gases to enter the living area; improper installation of equipment (e.g., proximity of fuel tank to heat source, absence of safety devices); indications of improper use of equipment (e.g., evidence of heavy build-up of soot, creosote, or other substance in the chimney); disintegrating equipment; combustible materials near heat source or flue. See Inspection Manual for a more detailed discussion of the inspection of safety aspects of the heating systems.

If you are unable to gain access to the primary heating system in the unit check "Inconclusive." Contact the owner or manager for verification of safety of the system. If the system has passed a recent local inspection, check "Pass." This applies especially to units in which heat is provided by a large scale, complex central heating system that serves multiple units (e.g., a boiler in the basement of a large apartment building). In most cases, a large scale heating system for a multi-unit building will be subject to periodic safety inspections by a local public agency. Check with the owner or manager to determine the date and outcome of the last such inspection, or look for an inspection certificate posted on the heating system.

7.3 Ventilation and Adequacy of Cooling

If the tenant is present and has occupied the unit during the summer months, inquire about the adequacy of air flow. If the tenant is not present or has not occupied the unit during the summer months, test a sample of windows to see that they open (see Inspection Manual for instruction).

"Working cooling equipment" includes: central (fan) ventilation system; evaporative cooling system; room or central air conditioning.

Check "Inconclusive" if there are no operable windows and it is impossible, or inappropriate, to test whether a cooling system works. Check with other tenants in the building (in a multi-unit structure) and with the owner or manager for verification of the adequacy of ventilation and cooling.

7.4 Water Heater

"Location presents hazard" means that the gas or oil water heater is located in living areas or closets where safety hazards may exist (e.g., water heater located in very cluttered closet with cloth and paper items stacked against it). Gas water heaters in bedrooms or other living areas must have safety dividers or shields.

Water heaters must have a temperature- pressure relief valve and discharge line (directed toward the floor or outside of the living area) as a safeguard against build up of steam if the water heater malfunctions. If not, they are not properly equipped and shall fail.

To pass, gas or oil fired water heaters must be vented into a properly installed chimney or flue leading outside. Electric water heaters do not require venting.

If it is impossible to view the water heater, check "Inconclusive."

Obtain verification of safety of system from owner or manager.

Check "Pass" if the water heater has passed a local inspection. This applies primarily to hot water that is supplied by a large scale complex water heating system that serves multiple units (e.g., water heating system in large apartment building). Check in the same manner described for heating system safety, item 7.2, above.

7.5 Water Supply

If the structure is connected to a city or town water system, check "Pass." If the structure has a private water supply (usually in rural areas) inquire into the nature of the supply (probably from the owner) and whether it is approvable by an appropriate public agency.

General note: If items 7.5, 7.6, or 7.7 are checked "Inconclusive," check with owner or manager for verification of adequacy.

7.6 Plumbing

"Major leaks" means that main water drain and feed pipes (often located in the basement) are seriously leaking. (Leaks present at specific facilities have already been evaluated under the checklist items for "Bathroom" and "Kitchen.")

"Corrosion" (causing serious and persistent levels of rust or contamination in the drinking water) can be determined by observing the color of the drinking water at several taps. Badly corroded pipes will produce noticeably brownish water. If the tenant is currently occupying the unit, he or she should be able to provide information about the persistence of this condition. (Make sure that the "rusty water" is not a temporary condition caused by city or town maintenance of main water lines.) See general note under 7.5.

7.7 Sewer Connection

If the structure is connected to the city or town sewer system, check "Pass." If the structure has its own private disposal system (e.g., septic field), inquire into the nature of the system and determine whether this type of system can meet appropriate health and safety regulations.

The following conditions constitute "evidence of sewer back up": strong sewer gas smell in the basement or outside of unit; numerous clogged or very slow drains; marshy areas outside of unit above septic field. See general note under 7.5.

7. Heating and Plumbing

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
7.1 Adequacy of Heating Equipment	Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.2 Safety of Heating Equipment	Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.3 Ventilation and Adequacy of Cooling	Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.4 Water Heater	Is the water heater located, equipped, and installed in a safe manner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.5 Water Supply	Is the unit served by an approvable public or private sanitary water supply?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.6 Plumbing	Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.7 Sewer Connection	Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes ☐ No ☐

8. General Health and Safety

8.1 Access to Unit

"Through another unit" means that access to the unit is only possible by means of passage through another dwelling unit.

8.2 Exits

"Acceptable fire exit" means that the building must have an alternative means of exit that meets local or State regulations in case of fire; this could include:

An openable window if the unit is on the first floor or second floor or easily accessible to the ground.

A back door opening on to a porch with a stairway leading to the ground.

Fire escape, fire ladder, or fire stairs.

"Blocked" means that the exit is not useable due to conditions such as debris, storage, door or window nailed shut, broken lock.

Important note: The HA has the final responsibility for deciding whether the type of emergency exit is acceptable, although the tenant should assist in making the decision.

8.3 Evidence of Infestation

"Presence of rats, or severe infestation by mice or vermin" (such as roaches) is evidenced by: rat holes; droppings; rat runs; numerous settings of rat poison. If the unit is occupied, ask the tenant,

8.4 Garbage and Debris

"Heavy accumulation" means large piles of trash and garbage, discarded furniture, and other debris (not temporarily stored awaiting removal) that might harbor rodents. This may occur inside the unit, in common areas, or outside. It usually means a level of accumulation beyond the capacity of an individual to pick up within an hour or two.

8.5 Refuse Disposal

"Adequate covered facilities" includes: trash cans with covers, garbage chutes, "dumpsters" (i.e., large scale refuse boxes with lids); trash bags (if approvable by local public agency). "Approvable by local public agency" means that the local Health and Sanitation Department (city, town or county) approves the type of facility in use. Note: During the period when the HA is setting up its inspection program, it will check with the local health and sanitation department to determine which types of facilities are acceptable and include this in the inspection requirements.

If the unit is vacant and there are no adequate covered facilities present, check "Inconclusive." Contact the owner or manager for verification of facilities provided when the unit is occupied.

8.6 Interior Stairs and Common Halls

"Loose, broken, or missing steps" should fail if they present a serious risk of tripping or falling.

A handrail is required on extended sections of stairs (generally four or more consecutive steps). A railing is required on unprotected heights such as around stairwells.

"Other hazards" would be conditions such as bare electrical wires and tripping hazards.

Housing Choice Voucher Units If the unit was built January 1, 1978, or after, no child under six will occupy or currently occupies it, is a 0-BR, elderly or handicapped unit with no children under six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead-based paint.), check NA and do not inspect painted surfaces.

This requirement applies to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceilings, built in cabinets (sink bases), baseboards, doors, door frames, windows systems including

mullions, sills, or frames and any other painted building component within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room or space, or more than 10% of the total surface area of an interior type of component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis level* repairs.

8.7 Other Interior Hazards

Examples of other hazards might be: a broken bathroom fixture with a sharp edge in a location where it represents a hazard; a protruding nail in a doorway.

8.8 Elevators

Note: At the time the HA is setting up its inspection program, it will determine local licensing practices for elevators. Inspectors should then be aware of these practices in evaluating this item (e.g., check inspection date). If no elevator check "Not Applicable."

8.9 Interior Air Quality

If the inspector has any questions about whether an existing poor air quality condition should be considered dangerous, he or she should check with the local Health and Safety Department (city, town or county).

8.10 Site and Neighborhood Conditions

Examples of conditions that would "seriously and continuously endanger the health or safety of the residents" are:

- other buildings on, or near the property, that pose serious hazards (e.g., dilapidated shed or garage with potential for structural collapse),
- evidence of flooding or major drainage problems,
- evidence of mud slides or large land settlement or collapse,
- proximity to open sewage,
- unprotected heights (cliffs, quarries, mines, sandpits),
- fire hazards,
- abnormal air pollution or smoke which continues throughout the year and is determined to seriously endanger health, and
- continuous or excessive vibration of vehicular traffic (if the unit is occupied, ask the tenant).

8.11 Lead-Based Paint: Owner Certification

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

8. General Health and Safety

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
8.1 Access to Unit	Can the unit be entered without having to go through another unit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
8.2 Exits	Is there an acceptable fire exit from this building that is not blocked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
8.3 Evidence of Infestation	Is the unit free from rats or severe infestation by mice or vermin?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
8.4 Garbage and Debris	Is the unit free from heavy accumulation of garbage or debris inside and outside?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
8.5 Refuse Disposal	Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.6 Interior Stairs and Common Halls	Are interior stairs and common halls free from hazards to the occupant because of loose, broken, or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.7 Other Interior Hazards	Is the interior of the unit free from any other hazard not specifically identified previously?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
8.8 Elevators	Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
8.9 Interior Air Quality	Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
8.10 Site and Neighborhood Conditions	Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
8.11 Lead-Based Paint: Owner Certification	If the owner of the unit is required to correct any deteriorated paint or lead-based paint hazards at the property, has the Lead-Based Paint Owner's Certification been completed, and received by the PHA? If the owner was not required to correct any deteriorated paint or lead-based paint hazards, check NA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes ☐ No ☐

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**Lead Warning Statement**

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) ☒ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) ☒ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.


(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

	3/5/2024		
_____ Lessor	Date	_____ Lessor	Date
_____ Lessee	Date	_____ Lessee	Date
_____ Agent	Date	_____ Agent	Date



Social Security Administration Benefit Verification Letter

Date: M

BNC#: [REDACTED]

REF: A



You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2023, the full monthly Social Security benefit before any deductions is \$1,408.20.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$1,408.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

We found that you became disabled under our rules on January 1, 2010.

Information About Past Social Security Benefits

From December 2022 to November 2023, the full monthly Social Security benefit before any deductions was \$1,364.60.

We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$1,364.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

See Next Page

Medicare Information

You are entitled to hospital insurance under Medicare beginning June 2012.

You are entitled to medical insurance under Medicare beginning June 2012.

Your Medicare number is [REDACTED]. You may use this number to get medical services while waiting for [REDACTED] card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Date of Birth Information

The date of birth shown on our records is [REDACTED]

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

Need more help?

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **1-877-828-1694**.

SOCIAL SECURITY
BLDG 2400 SUITE 122
3800 CAMP CREEK PKWY
ATLANTA GA 30331

How are we doing? Go to www.ssa.gov/feedback to tell us.

Social Security Administration

SELF-DECLARATION, NO-INCOME FORM

Applicant Name: _____

This is to certify the income status for the above-named individual.

Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses.
This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability, and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special pay and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

☒ I certify, under penalty of perjury, that I do not have any income from any source at this time.

Applicant Signature _____

Date: 03/20/21

Staff Verification (REQUIRED)

I understand that third-party verification is the preferred method of certifying income for HOME-ARP assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

Staff Signature _____

Date: 03/20/21

March 21, 2024

Notification of Approval on March 21, 2024

██████████ informed me for the first time that I was approved for the apartment at
██████████ This notification came 30 days after the initial breach by Cencora, 29 days
after the forged VAWA HUD form signed by ██████████ 1 day after the forged No Income
HUD form signed by █████ █████

I ██████████ was unaware of the Cencora breach, as well as any of the above forged forms on
this date of March 21, 2024.